

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90087 039 ***150.00

DOCUMENT # K67651

1. Entity Name

SOUTH MIAMI BRIDGE CLUB, INC.

Principal Place of Business

% JEANNE A. HALL

6000 SW 57TH AVE

SOUTH MIAMI FL 33157

US

Mailing Address

% JEANNE A. HALL

8921 S.W. 187TH ST.

MIAMI FL 33157

SAME

2. Principal Place of Business

90 JEANNE A. HALL

Suite, Apt. #, etc.

SUITE 65

City & State

MIAMI FL

Zip

33156

Country

USA

3. Mailing Address

12165 S DIXIE HWY

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0100809

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, JEANNE A.

8921 SW 187TH ST

MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *JEANNE A. HALL*

JEANNE A. HALL

1-24-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HALL, JEANNE A.**
STREET ADDRESS **8921 SW 187TH ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
NAME **HALL, WILLIAM B.**
STREET ADDRESS **8921 SW 187TH ST**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JEANNE A. HALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-02 305 235 2900

Date

Daytime Phone #

CR2E034 (9/01)